

AUTO CR - LOG SUMMARY #1050467

TYPE: EO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that while the subject was in the holding cell he advanced at Officer Sullivan and threatened him. It is reported that Officer Sullivan used the emergency take down procedures to detain and restrain the subject. It is reported that when the officers removed the subject's handcuffs, the subject spat blood into his hand and bloody nose and onto the the Detention Aide (Pachura Richard) at which time, the involved officer deployed his taser take control of the subject.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	HANNIGAN, KEVIN R	218		012 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
04-DEC-2011 12:10 - 04-DEC-2011 12:10		0823	008	281 - JAIL / LOCK-UP FACILITY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	TAYLOR, ROY M			008 /	PO/FIELD TRNING OFF	M	BLK		
NON-CPD	Detainee						M	WWH		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
04H - GROUP 04 - ARREST/LOCKUP PROCEDURES PROPER CARE - INJURY / DEATH	Y	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-JAN-2012 10:35	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
ADMINISTRATIVELY CLOSED	30-JAN-2012 10:34	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
PENDING ASSIGN TEAM	10-JAN-2012 12:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	10-JAN-2012 11:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-DEC-2011 08:38	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	No State of Illinois EO report was completed.
PRELIMINARY	05-DEC-2011 01:18	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	05-DEC-2011 01:13	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	04-DEC-2011 02:22	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	04-DEC-2011 02:22			
	DOCUMENTS - INTAKE INCIDENT		2	SULLIVAN, DANIEL P	N	TOUSANT, LISA	16-DEC-2011 01:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		8	RUVALCABA, Ricardo	N	TOUSANT, LISA	16-DEC-2011 01:03	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	OFFICER'S BATTERY REPORT- PACHURA, RICHARD J	N	TOUSANT, LISA	16-DEC-2011 01:04	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	TOUSANT, LISA	10-JAN-2012 11:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	TAYLOR ROY M 3153	N	TOUSANT, LISA	16-DEC-2011 01:14	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer PACHURA RICHARD J 11449	N	TOUSANT, LISA	16-DEC-2011 01:10	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	SULLIVAN DANIEL P 6707	N	TOUSANT, LISA	16-DEC-2011 01:11	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 04-DEC-2011) - LOG #1050467

TYPE: EO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	HANNIGAN, KEVIN R	218		012 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
04-DEC-2011 12:10 - 04-DEC-2011 12:10	3420 W 63RD ST, CHICAGO, IL 60629	0823	008	281 - JAIL / LOCK-UP FACILITY	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	Y	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
04H - GROUP 04 - ARREST/LOCKUP PROCEDURES PROPER CARE - INJURY / DEATH	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	04-DEC-2011 14:22	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	30-JAN-2012 10:35	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
ADMINISTRATIVELY CLOSED	30-JAN-2012 10:34	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct.
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PRELIMINARY	28-DEC-2011 08:38	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	No State of Illinois EO report was completed.
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PRELIMINARY	05-DEC-2011 01:13	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	04-DEC-2011 02:22	TOUSANT, LISA	INTAKE AIDE	113 /	

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

CB #:
IR #:
YD #:
RD #:
EVENT #:

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Beat: 813	Male	[REDACTED]
	Res: [REDACTED]		White Hispanic 5' 07" 175 lbs Brown Eyes Black Hair Short Hair Style Light Brown Complexion	
	Heating And Air Conditioning			
	DOB: [REDACTED]			
	AGE: 37 years			
	POB: Illinois			
	DLN: [REDACTED]			
	ARMED WITH Unarmed			
			Marks: [REDACTED]	

INCIDENT	Arrest Date: 04 December 2011 11:40	TRR Completed? No	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location: [REDACTED]	Beat: 813	Dependent Children? No	DCFS Ward ? No	[REDACTED]
	Holding Facility: District 008 Lockup				
	Resisted Arrest? No				
	Incident Category: Battery Aggravated				
	Incident Category: Assault Aggravated				

CHARGES	1	Offense As Cited	720 ILCS 5.0/12-3.2-A-2	Domestic Related	Victim Michel, Josefina
			DOMESTIC BATTERY - PHYSICAL CONTACT		
			Class A - Type M		
	2	Offense As Cited	720 ILCS 5.0/12-1-A		Sullivan #6707, P.O. D.
			ASSAULT - SIMPLE		
			Class C - Type M		
	3	Offense As Cited	720 ILCS 5.0/12-3.05-D-4		Pachura #11449, P.O. R.
			AGG BATTERY/PEACE OFFICER		
			Class 2 - Type F		
	4	Offense As Cited	720 ILCS 5.0/31-1-A-7		Sullivan #6707, P.O. D.
			RESIST/PC OFF/CORR EMP/FRFTR INJ		
			Class 4 - Type F		

FELONY REVIEW	Felony Review : Approved	04 DEC 2011 18:45	Bergaman,	State's Attorneys's Office

ARREST REPORTING

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

ARREST REPORTING

VICTIM AND COMPLAINANT

Name: PACHURA #11449, P.O. R.

Empl: 3420 W 63rd St
Chicago, IL 60629
312-747-8730

Beat: 823

Male

White

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Holycross Hospital

Treated and Released? Yes

VICTIM AND COMPLAINANT

Name: [REDACTED]

Res: [REDACTED]

OTH: [REDACTED]

Beat: 813

Female

White Hispanic

DOB: [REDACTED]

Age: 33 years

Comments:

Injured? No

Deceased? No

Hospitalized? No

Refused

Treated and Released? No

VICTIM AND COMPLAINANT

Name: SULLIVAN #6707, P.O. D.

Empl: 3420 W 63rd St
Chicago, IL 60629
312-747-8730

Beat: 823

Male

White

DOB:

Age:

Comments:

Injured? Yes

Deceased? No

Hospitalized? No

Little Company Mary Hospital

Treated and Released? Yes

NON-OFFENDER(S)

ARREST REPORTING

Injuries: Other

ARREST REPORTING

SWELLING LEFT HAND
Comments:

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] A/O'S PLACED SUBJECT INTO CUSTODY FOR DOMESTIC BATTERY AFTER VICTIM RELATED THAT AFTER A ALTERCATION OVER SUBJECT'S CONTINUED DRUG USE THROUGHOUT THE NIGHT, COCAINE, SUBJECT STRUCK VICTIM WITH A OPEN HAND ACROSS THE FACE. VICTIM ATTEMPTED TO PHONE POLICE USING HER CELLPHONE BUT ARRESTEE TOOK CELLPHONE FROM VICTIM AND BROKE IT. VICTIM FLED FROM APARTMENT AND USED A CITZEN'S CELLPHONE TO PHONE POLICE. AFTER A/O'S ARRIVAL, VICTIM AND ARRESTEE'S CHILDREN WERE HIDING IN A LOCKED BEDROOM IN FEAR OF THEIR FATHER. A/O'S PLACED SUBJECT UNDER ARREST FOR LISTED CHARGE AND TRANSPORTED HIM INTO 008TH DISTRICT FOR PROCESSING. SUBJECT WAS COOPERATIVE DURING TRANSPORT INTO 008TH DISTRICT AND APOLOGETIC FOR HIS ACTIONS AND ADMIITED USING COCAINE. SUBJECT WAS RELOCATED INTO 008TH DISTRICT PROCESSING AREA WHERE HE WAS BEING SEARCHED BY P.O. SULLIVAN #6707 AND HIS PROPERTY BEING REMOVED FOR INVENTORY. SUBJECT BECAME VERBALLY COMBATIVE AND TOOK A FIGHTING STANCE WHILE BALLING UP HIS FISTS AND CHALLENGED A/O SULLIVAN TO TAKE HIM TO "FUCKING JAIL MOTHER FUCKER". A/O ORDERED SUBJECT TO REMAIN SEATED AT WHICH TIME ARRESTEE AGAIN CHALLENGED A/O TO TAKE HIM TO "FUCKING JAIL" AND ADVANCED TOWARD A/O SULLIVAN #6707 AS AN ASSAILANT WHO THEN DIRECTED (1) CLOSE, LEFT HANDED STRIKE TO ARRESTEE AND TOOK HIM TO THE GROUND WHERE HE WAS HAND CUFFED. A/O SECURED THE ARRESTEE IN HOLDING CELL AND NOTIFIED SGT AND W.C. A SQUADROL WAS CALLED TO TRANSPORT SUBJECT TO HOSPITAL AT WHICH TIME SUBJECT, WHO WAS BLEEDING FROM HIS NOSE REMOVED BLOOD FROM HIS FACE/MOUTH AND THREW IT ON/AT P.O. PACHURA #11449 FACE/HEAD AND STATED " I HAVE AIDS ". P.O. TAYLOR #3153 DEPLOYED TASER WHICH EFFECTIVELY NEUTRALIZED THE ASSAILANT WHO WAS THEN HANDCUFFED AND TRANSPORTED TO [REDACTED] BY BT. 872. ARRESTEE WAS TREATED AND RELEASED FOR A CONTUSION TO ARRESTEE'S NOSE. NAME CHECK CLEAR FOR WARRANTS/ALERTS, NO PREVIOUS CONVICTIONS FOR DOMESTIC BATTERY. PERSONAL PROPERTY INV# [REDACTED]

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 12 December 2011 Branch: 48-4 155 W 51ST ST - Room Court Sgt Handle? No Initial Court Date: 05 December 2011 Branch: CBC-1 2600 S CALIFORNIA - Room Docket #:	BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL	ATTESTING OFFICER:
I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.	
Attesting Officer: #6707 SULLIVAN, D P [REDACTED]	04 DEC 2011 14 47
ARRESTING OFFICER(S):	
1st Arresting Officer: #6707 SULLIVAN, D P [REDACTED]	Beat 0812
2nd Arresting Officer: #14344 HESKIN, R S [REDACTED]	Beat 0813
APPROVING SUPERVISOR:	
Approval of Probable Cause : #59 WILLIAMS, T V [REDACTED]	04 DEC 2011 15 03

ARREST PROCESSING REPORT

Holding Facility: District 008 Lockup
Received in Lockup: 04 December 2011 15 26
Prints Taken: 04 December 2011 15 34
Palprints Taken: Yes
Photograph Taken: 04 December 2011 15 40
Released from Lockup: 05 December 2011 06 01

Time Last Fed: 04 December 2011 15 27

Time Called:

Phone#:

Cell #: 2

Transport Details : 1PO 0812 04-DEC-2011 12 00

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? Yes
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? Yes
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Cut On Nose And Lip Treated At [REDACTED] And Returned To Lockup

LOCKUP KEEPER COMMENTS:

04 DEC 2011 15:39 14316 PITLIK, James P [REDACTED]: Called [REDACTED]

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		PALMSONE, J A [REDACTED]	
Lockup Keeper:	#14316	PITLIK, J P [REDACTED]	
Assisting Arresting Officer:	#11449	PACHURA, R J [REDACTED]	0802
Assisting Arresting Officer:	#3153	TAYLOR, R M [REDACTED]	0872
Fingerprinted By:		PALMSONE, J A [REDACTED]	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#107	WALSH, D P [REDACTED]	05 DEC 2011 02 39

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M I) PACHURA, RICHARD J		<input checked="" type="checkbox"/> 1 INDOOR <input type="checkbox"/> 2 OUTDOOR	
STAR NO 11449		ADDRESS OF OCCURRENCE 3420 W 63RD ST	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 27-AUG-1990	EMPLOYEE NO [REDACTED]	<input type="checkbox"/>	
UNIT OF ASSIGNMENT 008	BEAT/CALL NO 0802	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	
		BEAT OF OCCURRENCE 0823	
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 04-DEC-2011
HEIGHT 511		WEIGHT 170	TIME 12:10:00
		DAY OF WEEK SUNDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO OF OFFICERS BATTERED <u>1</u>	
<input checked="" type="checkbox"/> 1 ON DUTY <input checked="" type="checkbox"/> A UNIFORM, PATROL DUTY <input type="checkbox"/> B UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C CITIZEN'S DRESS <input type="checkbox"/> D TACTICAL <input type="checkbox"/> E B I S UNIT <input type="checkbox"/> F SPECIAL EMPLOYMENT <input type="checkbox"/> G OTHER _____ <input type="checkbox"/> 2 OFF DUTY <input type="checkbox"/> 3 SPECIAL EMPLOYMENT <input type="checkbox"/> 4 SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>	
WORKING <input type="checkbox"/> A ALONE <input checked="" type="checkbox"/> B WITH ONE PARTNER <input type="checkbox"/> C WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE <input type="checkbox"/> A SQUAD CAR <input type="checkbox"/> B FOOT <input type="checkbox"/> C BICYCLE <input type="checkbox"/> D APV/MOTORCYCLE <input type="checkbox"/> E SQUADROL <input checked="" type="checkbox"/> F OTHER <u>LOCK UP</u>		MANNER OF ATTACK <input type="checkbox"/> 01 SHOT <input type="checkbox"/> 02 SHOT AT <input type="checkbox"/> 03 STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04 STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05 OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A AMBUSH - NO WARNING <input type="checkbox"/> B TRAFFIC STOP/PURSUIT <input type="checkbox"/> C INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D DISTURBANCE - DOMESTIC <input type="checkbox"/> E DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G DISTURBANCE - OTHER <input type="checkbox"/> H MAN WITH A GUN <input type="checkbox"/> I PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 5 0/12-3 2-A-2- DOMESTIC BATTERY - PHYSICAL CONTACT</u> ORIGINAL IUCR CODE <u>BATTERY - DOMESTIC BATTERY SIMPLE</u> <input type="checkbox"/> K OTHER		(Check all that apply) <input type="checkbox"/> A FIREARM CALIBER _____ <input type="checkbox"/> 1 REVOLVER <input type="checkbox"/> 2 SEMI-AUTOMATIC <input type="checkbox"/> 3 RIFLE <input type="checkbox"/> 4 SHOTGUN <input type="checkbox"/> B VEHICLE <input type="checkbox"/> 1 OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2 ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I BLUNT INSTRUMENT <input type="checkbox"/> D HANDS/FISTS <input type="checkbox"/> E FEET <input type="checkbox"/> F MOUTH (SPIT, BITE, ETC) <input type="checkbox"/> G VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H OTHER (SPECIFY) <u>/THREW HIS BLOOD ON MEMBERS FACE</u>	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply)	
<input type="checkbox"/> A FATAL <input type="checkbox"/> B NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D NONE APPARENT/NONE		<input type="checkbox"/> A OFFICER AT GUNPOINT <input type="checkbox"/> B OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input type="checkbox"/> A DAYLIGHT <input type="checkbox"/> D DUSK <input type="checkbox"/> B NIGHT <input checked="" type="checkbox"/> E ARTIFICIAL LIGHT <input type="checkbox"/> C DAWN <input type="checkbox"/> 1 POOR <input checked="" type="checkbox"/> 2 GOOD		SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	
		RACE WHITE HISPANIC	
		DOB [REDACTED]	
		CB NO [REDACTED]	IR NO
		WAS THE OFFENDER'S ACTIVITY DRUG RELATED? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/> 3 UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/> 3 UNKNOWN	
		NO OF OFFENDERS PRESENT? <u>1</u>	
		WEATHER CONDITIONS	
<input type="checkbox"/> A CLEAR <input type="checkbox"/> D FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G OTHER <input type="checkbox"/> B RAIN <input type="checkbox"/> E SLEET / HAIL <input type="checkbox"/> C SNOW <input type="checkbox"/> F SEVERE CROSS WIND		APPROXIMATE OUTDOOR TEMPERATURE <u>51 °F</u>	

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REPORTING MEMBER - SIGNATURE PACHURA, RICHARD J	STAR NO 11449	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE HANNIGAN, KEVIN R	STAR NO 218
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OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO [REDACTED]

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"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M I) SULLIVAN, DANIEL P		<input checked="" type="checkbox"/> 1 INDOOR <input type="checkbox"/> 2 OUTDOOR	
STAR NO 6707		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/>	STATE (If outside Chicago)
DATE OF APPOINTMENT 10-MAY-1999		LOCATION CODE 290-RESIDENCE	
EMPLOYEE NO [REDACTED]		BEAT OF OCCURRENCE 0813	
UNIT OF ASSIGNMENT 008		DATE OF OCCURRENCE 04-DEC-2011	
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F		TIME 11:40:00	
RACE WHITE		DAY OF WEEK SUNDAY	
DOB [REDACTED]		NO OF OFFICERS BATTERED <u>1</u>	
HEIGHT 508		WERE THERE ASSISTING UNITS ON SCENE? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO	
WEIGHT 180		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1 ON DUTY <input checked="" type="checkbox"/> A UNIFORM, PATROL DUTY <input type="checkbox"/> B UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C CITIZEN'S DRESS <input type="checkbox"/> D TACTICAL <input type="checkbox"/> E B I S UNIT <input type="checkbox"/> F SPECIAL EMPLOYMENT <input type="checkbox"/> G OTHER _____ <input type="checkbox"/> 2 OFF DUTY <input type="checkbox"/> 3 SPECIAL EMPLOYMENT <input type="checkbox"/> 4 SECONDARY / OTHER		WORKING <input checked="" type="checkbox"/> A ALONE <input type="checkbox"/> B WITH ONE PARTNER <input type="checkbox"/> C WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE <input checked="" type="checkbox"/> A SQUAD CAR <input type="checkbox"/> B FOOT <input type="checkbox"/> C BICYCLE <input type="checkbox"/> D APV/MOTORCYCLE <input type="checkbox"/> E SQUADROL <input type="checkbox"/> F OTHER _____	
TYPE OF ACTIVITY			
<input type="checkbox"/> A AMBUSH - NO WARNING <input type="checkbox"/> B TRAFFIC STOP/PURSUIT <input type="checkbox"/> C INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D DISTURBANCE - DOMESTIC <input type="checkbox"/> E DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G DISTURBANCE - OTHER <input type="checkbox"/> H MAN WITH A GUN <input type="checkbox"/> I PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K OTHER			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A FATAL <input type="checkbox"/> B NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input checked="" type="checkbox"/> A DAYLIGHT <input type="checkbox"/> D DUSK <input type="checkbox"/> B NIGHT <input type="checkbox"/> E ARTIFICIAL LIGHT <input type="checkbox"/> C DAWN <input type="checkbox"/> 1 POOR <input type="checkbox"/> 2 GOOD			
WEATHER CONDITIONS			
<input type="checkbox"/> A CLEAR <input type="checkbox"/> D FOG / SMOKE / HAZE <input checked="" type="checkbox"/> G OTHER <input type="checkbox"/> B RAIN <input type="checkbox"/> E SLEET / HAIL <input type="checkbox"/> C SNOW <input type="checkbox"/> F SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE 51 °F			

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REPORTING MEMBER - SIGNATURE SULLIVAN, DANIEL P	STAR NO 6707	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE HANNIGAN, KEVIN R	STAR NO 218
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TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 04-DEC-2011		TIME 12:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 280		4 BEAT/OCCUR 0823														
	5 POSITION 9161		6 LAST NAME PACHURA		7 FIRST NAME RICHARD J		8 STAR NO 11449		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 511		13 WT 170								
	14 DATE OF APPT 27-AUG-1990		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 008 0802		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE WWH		25 D O B [REDACTED]		26 HT 507		27 WT 175										
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No														
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? DR ALLEGRETTI		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36 CHARGES PLACED 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-1-A, 720 ILCS 5																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>			
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>																								
	SUBJECT'S ACTIONS																								
MEMBERS RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____																								
	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____																								
ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____																									
KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>																									
FIREARM <input type="checkbox"/> OTHER _____																									
WEAPON DISCHARGE INCIDENT	39 DNA <input checked="" type="checkbox"/>																								
	40 ADDITIONAL INFORMATION OFFENDER WAS TASED BY BY ASSISTING OFFICER.																								
	POSITION STAR NO UNIT																								
41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____																									
42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors																									
43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																									
44 WEATHER CONDITIONS OTHER																									
45 MAKE/MANUFACTURER																									
46 MODEL																									
47 BARREL LENGTH																									
48 CALIBER/GAUGE																									
49 TASER DART ID NO																									
50 WEAPON SERIAL No (Include Letters)																									
51 CHICAGO GUN REG NO																									
52 IL FIREARM OWNER ID NO																									
53 HANDGUN CERTIFICATE NO																									
54 SPECIAL WEAPON CERTIFICATE NO																									
55 PROPERTY INVENTORY NO																									
56 TYPE OF AMMUNITION USED																									
57 NO OF WEAPONS DISCHARGED BY THIS MEMBER																									
58 TOTAL NO OF SHOTS MEMBER FIRED																									
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)																									
60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																									
61 NO OF CATRIDGES/ SHOT SHELLS RELOADED																									
62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																									
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																									
64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD																									
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																									
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																									
67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																									
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																									
69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																									
CASE INFO.	70 EVENT NO [REDACTED]																								
	71 R D NO [REDACTED]																								
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																								
	73 REPORTING MEMBER (Print Name) PACHURA, RICHARD J 04-DEC-2011 13:32:57 STAR/EMPLOYEE NO 11449 SIGNATURE [REDACTED]																								
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																									
74 REVIEWING SUPERVISOR (Print Name) GADE JR, LAWRENCE R STAR NO 1841 SIGNATURE [REDACTED] DATE REVIEWED 04-DEC-2011 13:34:12 TIME																									

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender was uncooperative Unable to interview, taken to hospital

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

the officer followed all department rules and procedures and with the available information this R/Lt finds no wrong doing on the part of the officer

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

HANNIGAN, KEVIN R

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

04-DEC-2011 14:06:26

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 04-DEC-2011		TIME 11:40:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 0813												
	5 POSITION 9161		6 LAST NAME SULLIVAN		7 FIRST NAME DANIEL P		8 STAR NO 6707		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 508		13 WT 180						
	14 DATE OF APPT 10-MAY-1999		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 008 0812		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE WWH		25 D O B [REDACTED]		26 HT 507		27 WT 175								
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36 CHARGES PLACED 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-1-A, 720 ILCS 5																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>FIGHTING STANCE/BALL</u>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____														
MEMBERS RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____														
	39 <input checked="" type="checkbox"/> DNA * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																						
WEAPON DISCHARGE INCIDENT	40 ADDITIONAL INFORMATION THE OFFENDER REFUSED TO COMPLY WITH ALL LAWFUL ORDERS AND WHEN HE REALIZED HE WAS GOING TO JAIL HE TOOK A FIGHTING STANCE AND BALLED UP HIS FISITS AND ADVANCED TOWARDS R/O.																						
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]																		
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS OTHER																
45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]																	
49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]															
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]															
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																	
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																			
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																					
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																					
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																						
	73 REPORTING MEMBER (Print Name) SULLIVAN, DANIEL P 04-DEC-2011 12:42:41 STAR/EMPLOYEE NO 6707 SIGNATURE [REDACTED]																						
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																						
	74 REVIEWING SUPERVISOR (Print Name) GADE JR, LAWRENCE R		STAR NO 1841		SIGNATURE [REDACTED]		DATE REVIEWED 04-DEC-2011 12:43:47		TIME 04-DEC-2011 12:43:47														

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender refused to talk to R/Lt Was uncooperative Taken to hospital

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

After interviewing the officers and reviewing all available information this R/Lt finds that the officer acted in self defense and that he followed all department rules and regulations

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

HANNIGAN, KEVIN R

SIGNATURE

DATE COMPLETED TIME

04-DEC-2011 13:58:22

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

2

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 04-DEC-2011		TIME 12:10:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 280		4 BEAT/OCCUR 0823							
	5 POSITION 9164		6 LAST NAME TAYLOR		7 FIRST NAME ROY M		8 STAR NO 3153		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 505		13 WT 180	
	14 DATE OF APPT 17-NOV-1986		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 008 0872		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE WWH		25 D O B [REDACTED]		26 HT 507		27 WT 175			
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-1-A, 720 ILCS 5				37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>									
REASON FOR USE OF FORCE (Check all that apply)	38 DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE			
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER THREW BLOOD AT ANOT		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39 DNA <input type="checkbox"/>		40 ADDITIONAL INFORMATION THREW BLOOD AT ANOTHER OFFICER STATING "I HAVE AIDS!"		POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS OTHER	
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]		49 TASER DART ID NO C31000A2P		50 WEAPON SERIAL No (Include Letters) X00-105760		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]	
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]		59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) TASER		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 R D NO [REDACTED]	
CASE INFO.	72		NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report											
	73 REPORTING MEMBER (Print Name) TAYLOR, ROY M		STAR/EMPLOYEE NO 3153		SIGNATURE [REDACTED]		DATE 04-DEC-2011 13:11:07											
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) GADE JR, LAWRENCE R		STAR NO 1841		SIGNATURE [REDACTED]		DATE REVIEWED 04-DEC-2011 13:15:27		TIME 13:15:27									

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Offender refused to talk to R/Lt Was uncooperative Taken to hospital

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

After interviewing the officers and reviewing all available information this R/Lt finds that the officer acted in self defense and that he followed all department rules and regulations

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

HANNIGAN, KEVIN R

SIGNATURE

DATE COMPLETED

TIME

04-DEC-2011 14:00:28

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

2

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

ILLINOIS DEPARTMENT OF CORRECTIONS
Report of Extraordinary or Unusual Occurrences

Report all extraordinary or unusual occurrences involving detainees in writing within 72 hours to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Standards
1301 Concordia Court, P. O. Box 19277
Springfield, Illinois 62794-9277
Telephone: (217) 558-2200, ext. 4212
Fax: (217) 522-3906

Check one: ☐ County
☐ Municipal (except Chicago)
☒ Chicago Police Department, include
R.D. Number: [REDACTED]

Facility Name: 008 District Telephone #: [REDACTED]

Address: [REDACTED]
City State Zip Code

Date of Occurrence: 04 December 2011 Time of Occurrence: 1210 ☐ a.m. ☒ p.m.

Type of Occurrence: ☐ Suicide (method) ☐ Suicide Attempt (method)
☐ Homicide ☐ Homicide Attempt ☐ Escape ☐ Escape Attempt ☐ Fire ☐ Serious Injury
☒ Battery ☐ Riot or Rebellion ☐ Sex Offense ☐ Assault on Staff ☐ Assault among Detainees
☐ Fighting among Detainees ☐ Restraints Used ☐ OC Spray Used ☒ Other (specify): Taser

Detainees Involved			
Name	Date of Birth	Date Confined	Arresting Charge
[REDACTED]		04 Dec 2011	Agg. Battery to Police Officer

Any injuries? ☐ No ☒ Yes, (briefly describe): Bloody nose and Taser Prong markings.

Any resulting death? ☒ No ☐ Yes, attach coroner's report or forward upon completion and explain below:

Name of deceased: _____

Specific cause of death: _____

Date & time of death: _____

Was deceased on suicide watch at or immediately before time of death? ☐ Yes ☐ No

Reported by: _____

Was deceased examined by a physician? ☐ No ☐ Yes, on: _____

Did deceased display signs of illness? ☐ No ☐ Yes, describe: _____

Detainees Interviewed			
Name	Date of Birth	Date Confined	Arresting Charge
DNA			

Officials interviewed	
Name	Title
PO Daniel Sullivan 6707	PO Roy Taylor 3153
PO Richard Pachura 11449	

Principal cause of occurrence:

Offender arrested for domestic battery. Offender attacked PO Sullivan who struck offender one time to defeat his attack. After calming down, the offender was given the opportunity to clean up at which time he spit a large amount of blood into his hands and stated "I got AIDS" and proceeded to throw the blood into the face of Officer Pachura. Officer Taylor at this time deployed his taser to stop the offender as he was advancing towards the officers in a menacing manner. This occurred on 04 December 2011 at 1205 hours.

Summary of specific details of occurrence (include date and time):

See above

IPRA NOTIFIED ON 04 DEC 11 @ 1410 HRS. LISA #56846.
EO# GIVEN 1149.
RRF # 1050467

Recommendations to prevent future occurrences:

R/I has no recommendations at this time

Lt Kevin Hannigan
Print Reporting Officer's Name

218

Badge #

[Signature]
Reporting Officer's Signature

04Dec11
Date

Lt. Kevin Hannigan
Print Shift Commander's Name

218

Badge #

[Signature]
Shift Commander's Signature

04Dec11
Date

Note: Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/3-15.2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 20 Ill. Adm. Code 701, 702, or 720.

Distribution: Office of Jail & Detention Standards; Reporting Facility

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(Replaces IX-464 & 464-C)